HIPAA DC

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Testing Process:
User Acceptance Testing

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HIPAA DC Project Management Office

Health Care Provider Summit For All DC Medicaid Providers And Their Billing Agents

Under the Executive Sponsorship of the Mayor of the District of Columbia, the Honorable Anthony A. Williams. Hosted by Deputy Mayor for Children, Youth, Families, and Elders, Carolyn N. Graham and Interim Senior Director of the Medical Assistance Administration, Wanda Tucker.
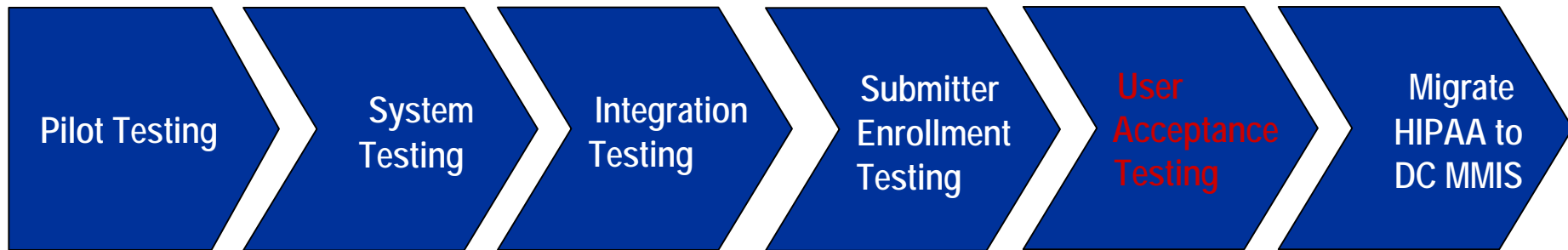
DC Department of Health

Agenda

- HIPAA Transactions, Code Sets, and Identifiers (TCI) Testing Overview

- User Acceptance Testing Objectives

- User Acceptance Testing Schedule

- User Acceptance Testing Results
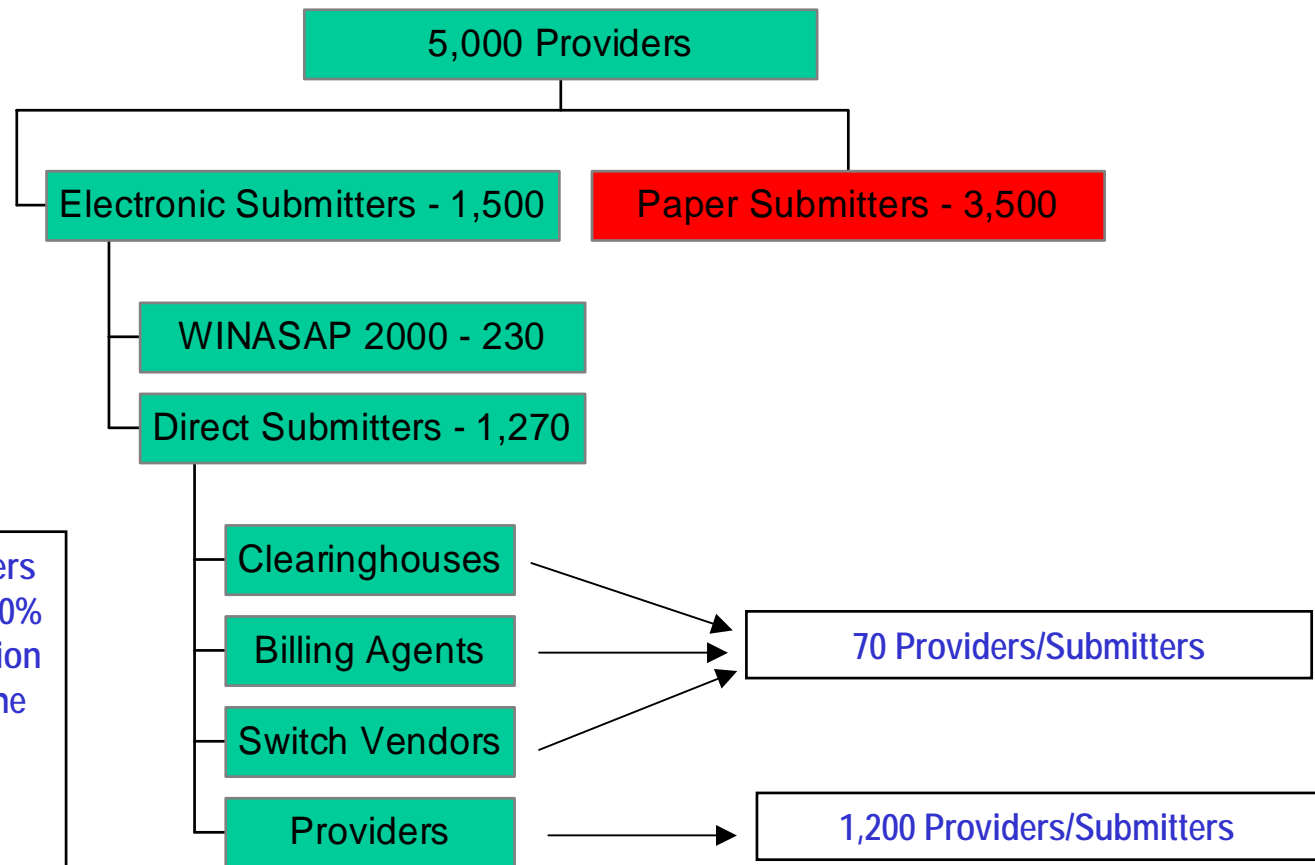
- Next Steps

- Questions & Answers

HIPAA TCI Testing Overview

Pilot Testing → System Testing → Integration Testing → Submitter Enrollment Testing → User Acceptance Testing → Migrate HIPAA to DC MMIS

ID	Task Name		June					July					August				September				October		
		5/18	5/25	6/1	6/8	6/15	6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17	8/24	8/31	9/7	9/14	9/21	9/28	10/5	10/12
1	**Testing Schedule**																						
2	Pilot Testing																						
3	System Testing																						
4	Integration Testing																						
5	Submitter Enrollment Testing																						
6	User Acceptance Testing																						
7	Migration / Implementation																						
8	HIPAA Implementation Date																						

HIPAA TCI Testing Overview

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                    ┌─────────────────────┐
                    │   5,000 Providers   │
                    └─────────────────────┘
        ┌───────────────────────────────┴─────────────────────┐
┌─────────────────────────────┐              ┌──────────────────────────────┐
│ Electronic Submitters - 1,500│              │  Paper Submitters - 3,500    │
└─────────────────────────────┘              └──────────────────────────────┘
        │
        ├──────► WINASAP 2000 - 230
        │
        └──────► Direct Submitters - 1,270
                        │
                        ├──► Clearinghouses ──┐
                        │                      │
                        ├──► Billing Agents ───┤──► 70 Providers/Submitters
                        │                      │
                        ├──► Switch Vendors ───┘
                        │
                        └──► Providers ──────► 1,200 Providers/Submitters
```

Note: Electronic Submitters represent approximately 20% of the total claim submission volume and 60 - 65% of the total reimbursements

User Acceptance Testing Objectives

- Ensure that the functions and requirements for all required X12N transactions have been completed successfully
  - ACS EDI Gateway can send and receive X12N compliant transactions
  - DC MMIS sub-systems and interfaces with other systems are operating properly
  - DC MMIS can correctly adjudicate claims and inquiries
- Work with the DC Medicaid Provider Community to identify and address potential HIPAA TCI related issues prior to October 16, 2003 deadline

User Acceptance Testing Schedule

Batch #	HIPAA Transactions	Start Date	End Date
1	X12N 820, X12N 834, X12N 278	August 11, 2003	August 19, 2003
2	X12N 837 (I, P, D), X12N 835	August 18, 2003	August 22, 2003
3	X12N 270/271	August 18, 2003	August 19, 2003
4	X12N 837 (I, P, D), X12N 276/277	August 25, 2003	August 29, 2003
5	X12N 820, X12N 834 – 2nd Cycle	September 2, 2003	September 5, 2003
6	X12N 837 (I, P, D), X12N 835	September 8, 2003	September 12, 2003

User Acceptance Testing Results

ANSI X12N Transaction	Test Scripts Developed	Transmitted to / Received from ACS EDI	Processed / Adjudicated in MMIS or MEVS	Complete
270/271: Eligibility Determination	X	X	X	
276/277: Claim Status	X			
278: Prior Authorization	X	X	X	X
820: Remittance Advice (Premium Payments)	X	X	X	X
834: Benefit Enrollment	X	X	X	X
835: Remittance Advice (Claim Submission)	X			
837P: Professional Claim Submission	X	X		
837D: Dental Claim Submission	X	X		
837I: Institutional Claim Submission	X	X		

User Acceptance Testing Results

X12N 270/271: Recipient Eligibility Inquiry / Response

- 21 HIPAA compliant X12N 270 test scripts for recipient eligibility were developed

- Test scripts were verified by EDIFECS for HIPAA compliancy

- ACS EDI Gateway accepted and processed all test scripts

- Currently evaluating HIPAA compliant X12N 271 recipient eligibility response transactions

User Acceptance Testing Results

X12N 278: Prior Authorization Request / Response

- 12 HIPAA compliant X12N 278 Prior Authorization test scripts were developed

- Test scripts were verified by EDIFECS for HIPAA compliancy

- Test scripts were successfully accepted and processed by ACS State Healthcare Clearinghouse and DC MMIS

- Produced HIPAA compliant X12N 278 Prior Authorization response transactions

User Acceptance Testing Results

X12N 820: Remittance Advice for Premium Payments

- Remittance Advices, simulating the mid-month July 2003 production roster, for all Managed Care Organizations (MCOs) were created by DC MMIS

- Testing of interface with the DC Office of Finance and Treasury (OFT) for payment data/information is currently being performed

- HIPAA compliant X12N 820 transactions for MCOs will be published on the iDEX web based mail server this week

User Acceptance Testing Results

X12N 834: Benefit Enrollment

- Enrollment Rosters, simulating the mid-month July 2003 production roster, for all MCOs were created by DC MMIS

- HIPAA compliant X12N 834 transactions for MCOs successfully processed through the MMIS and are scheduled to be published on the iDEX web based mail server this week

- Enrollment Rosters, simulating the end of the month July 2003 production roster, are currently being tested

User Acceptance Testing Results

X12N 837 I: Institutional Claim Transaction

- Currently testing approximately 100 X12N 837 I test scripts. Test scripts include scenarios with:
    - Claim with more than 99 line items
    - Inpatient and Outpatient claims
    - Adjustment to existing paid claim
    - Medicare Cross-over claims
    - Claim with 12 diagnosis codes
    - Claims that require Prior Authorization
    - Claims with attachments - "Paper work indicator"

User Acceptance Testing Results

X12N 837 P: Professional Claim Transaction

- Currently testing approximately 250 X12N 837 P test scripts. Test scripts include scenarios with:

  - Claim with 50 line items

  - Claim with 8 diagnosis codes

  - Adjustment to existing paid claims

  - Void existing paid claims

  - Claims that require Prior Authorization

  - Claims with attachments – "Paper work indicator"

User Acceptance Testing Results

X12N 837 D: Dental Claim Transaction

- Currently testing approximately 60 X12N 837 P test scripts. Test scripts include scenarios with:

  - Claims that require Prior Authorization

  - Adjustment to existing paid claims

  - Void existing paid claims

  - Claims with Third Party Liability (TPL)

  - Claims with attachment – "Paper work indicator"

  - Claims with patient account # of 20 digits

Next Steps

- Completion of User Acceptance Testing

- On-going Provider Communication and Outreach:
  - Provider/Submitter Enrollment
  - Provider/Submitter Training
  - Communication – DC Medicaid HIPAA Newsletter,etc.

- Implementation of the Migration Plan:
  - MMIS Migration (Technical)
  - Business Unit Process Migration (Operational)

- Go Live – October 3, 2003

Questions and Answers